



Waller County EMS

Patient Care Record

Name:

Incident #: 150710-1723-WCEMSESO

Date: 07/10/2015

Patient 1 of 1

Patient Information				Clinical Impression	
Last	Address	Primary Impression			
First	Address 2	Secondary Impression			
Middle	City	Protocol Used			
Gender	State	Anatomic Position			
DOB	Zip	Chief Complaint			
Age	Country US	Duration	Units		
Weight	Tel	Secondary Complaint			
Ped Color	Physician	Duration	Units		
SSN	Ethnicity	Patient's Level of			
Race		Disorders			
Advanced Directive		Signs & Symptoms			
Resident Status		Injury			
		Medical/Trauma			
		Barriers of Care			
		Alcohol/Drugs			

Medication/Allergies/History	
Medications	
Allergies	
History	

Initial Assessment			
Category	Comments	Abnormalities	
Mental Status		Mental Status	Not Assessed
Skin		Skin	Not Assessed
HEENT		Head/Face	Not Assessed
		Eyes	Not Assessed
		Neck	Not Assessed
Chest		Chest	Not Assessed
		Heart Sounds	Not Assessed
		Lung Sounds	Not Assessed
Abdomen		General	Not Assessed
		Left Upper	Not Assessed
		Right Upper	Not Assessed
		Left Lower	Not Assessed
		Right Lower	Not Assessed
Back		Cervical	Not Assessed
		Thoracic	Not Assessed
		Lumbar/Sacral	Not Assessed
Pelvis/GU/GI		Pelvis/GU/GI	Not Assessed
Extremities		Left Arm	Not Assessed
		Right Arm	Not Assessed
		Left Leg	Not Assessed
		Right Leg	Not Assessed
		Pulse	Not Assessed
		Capillary Refill	Not Assessed
Neurological		Neurological	Not Assessed

Assessment Time:

Narrative

MEDIC 20 DISPATCHED TO A TRAUMA CALL FROM D2 STATION. AOSTF A PT IN CUSTODY OF LE. PT DID NOT WANT EMS. PT WOULD NOT ALLOW EMS TO ASSESS OR TAKE VITALS. PT WAS NOT IN ANY DISTRESS. PT LEFT IN CUSTODY OF LE AND MEDIC 20 RETURNED TO SERVICE. EOR T.GARRETT EMT-B

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Wellstar County EMS

Patient Care Record

Name:

Incident #: 150710-1723-WCEMSESO

Date: 07/10/2015

Patient 1 of 1

Incident Details		Destination Details		Incident Times	
Location		Disposition	No treatment, No Transport - Other	PSAP Call	
Address	FM 1098 & US 290	Transport Due To		Dispatch Notified	
Address 2		Transported To		Call Received	16:52:00
City	Prairie View	Requested By	Law Enforcement	Dispatched	16:52:00
State	TX	Destination		En Route	16:52:00
Zip	77445	Address		Resp on Scene	
Medic Unit	Medic 20	Address 2		On Scene	17:01:00
Rtn Type	911 Response (Emergency)	City		At Patient	17:01:00
Priority Scene	Lights/Sirens	State		Depart Scene	17:05:00
Shift	B	Zip		At Destination	
Zone	CITY OF PRAIRIE VIEW	Zone		Pt Transferred	
Level of Service		Condition at Destination		Call Closed	17:05:00
EMD Complaint		Destination Record #		In District	
EMD Card Number		Trauma Registry ID			

Personnel		Crew Members	
	Role		Certification Level
GARRETT, TIMOTHY	Lead		EMT-Basic-728259
STEVENS, BRANDY	Driver		EMT-Paramedic-720164

Insurance Details			
Insured's Name	Primary Payer	Dispatch Nature	TRAUMA
Relationship To Patient	Medicare	Response Urgency	Immediate
Insured SSN	Medicaid	Job Related Injury	
Insured DOB	Primary Insurance	Employer	
Address1	Policy #	Contact	
Address2	Group #	Phone	
Address3	Secondary Ins		
City	Policy #		
State	Group #		
Zip			
Country	UNITED STATES		

Mileage		Delays		Additional Agencies	
Scene		Category	Delays		
Destination					
Loaded Miles	0.0				
Start	101850.1				
End	101858.1				
Total Miles	8.0				

Next of Kin			
Next of Kin Name	Address1	City	
Relationship to Patient	Address2	State	
Phone	Address3	Zip	
		Country	UNITED STATES

Consumables			
Description	Qty	Description	Qty
GLOVES	4		

Transfer Details			
PAN		Sending Physician	
PCS		Sending Record #	
ABN		Receiving Physician	
CMS Service Level		Condition Code	
ICD-9 Code		Condition Code Modifier	
Transfer Reason			
Other Services			
Medical Necessity			

Billing Authorization	
Language	en

Section I - Authorization for Billing



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Facility Signatures

Receiving
Physician/Nurse

Paperwork Received

Airway Confirmation

Provider Signatures

Timothy Garrett EMT-B

Lead Provider: TIMOTHY GARRETT

Certification Level: EMT-Basic-728259

Brandy Stevens EMT-P

Provider: BRANDY STEVENS

Certification Level: EMT-Paramedic-720164

Provider:

Certification Level:

Provider:

Certification Level: